

RECEIVED

DEC 18 2008

U.S. SEC. OF STATE

**STATE OF SOUTH DAKOTA**

DEC

**Statement of Legal Newspaper Ownership and Circulation**

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER		Lake Andes Wave		2. DATE 9/30/08
3. FREQUENCY OF ISSUE Weekly		3A. NO. OF ISSUES PUBLISHED ANNUALLY 52	3B. ANNUAL SUBSCRIPTION PRICE \$ 30.00 In State \$33.00 Out of State	
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers)		P.O. Box 187, Wagner, Charles Mix County, SD 57380-0187		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers)		P.O. Box 187, Wagner, SD 57380-0187		
6. FULL NAME OF PUBLISHER: Monica Jean Wepking				
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.)				
FULL NAME Printer's Inc.		COMPLETE MAILING ADDRESS 209 S. Main, P.O. Box 187, Wagner, SD 57380-0187		
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.) N/A				
9. EXTENT AND NATURE OF CIRCULATION		AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE	
A. TOTAL NO. COPIES (Net Press Run)		500	500	
B. PAID AND/OR REQUESTED CIRCULATION				
1. Sales through dealers and carriers, street vendors and counter sales.		144	139	
2. Mail Subscription (Paid and or requested)		201	203	
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)		345	342	
D. FREE DISTRIBUTION				
1. BY MAIL, CARRIER OR OTHER MEANS		19	19	
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES		0	0	
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)		364	361	
F. COPIES NOT DISTRIBUTED				
1. Office use, left over, unaccounted, spoiled after printing		136	139	
2. Return from News Agents		0	0	
G. TOTAL (Sum of E, F1 and F2 - Should equal net press run shown in A)		500	500	

~~Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public~~  
~~I swear that the statements made by me are true, correct, and complete:~~

I swear that the statements made by me are true, correct, and complete:

(Signature)

(Title)

State of South Dakota

1

County of Charles Mix

8

(Seal)

Sworn to before me this 1<sup>st</sup> day of Oct., 2008

before me this 1 day of July  
John A. Payer  
Notary Public

Notary Public

My commission expires: 1-11-2011